



The Association of Directors of Public Health

Response to consultation on the Clean Air Strategy 2018

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

Key messages

- ADPH welcomes the publication of the strategy and the recognition that poor air quality is a public health challenge.
- The new strategy should take a more whole systems approach, with clearly defined roles for local, regional and national partners.
- There should be a greater focus on addressing the root causes of air pollution and tackling the inequalities associated with it.
- More joined up and targeted action is needed at a national level to disincentivise vehicle use and support active travel.
- ADPH is pleased that local authorities are being given powers to tackle air pollution, however appropriate levels of resources should follow these new responsibilities.
- Further action is needed to fully understand the impact of air pollution on the public's health and identify high impact interventions which will have the greatest co-benefits for both air quality and health.

Introduction

ADPH is extremely pleased that the government has published this plan and that the plan explicitly recognises poor air quality as a public health challenge. Outdoor air pollution is a major public health issue costing the UK economy £20bn a year and contributing to over 25,000 deaths a year. As the House of Commons joint committee report into air quality recently concluded, we need to place the protection of public health and the environment at the centre of air quality policy, rather than focusing on technical compliance.¹

ADPH would have liked to have seen more of a whole system approach in the new strategy with clearly defined roles for local, regional, and national partners. Effective partnership working is vital for addressing the complex environmental and social factors contributing to poor air quality, and for ensuring sustainability.

We are therefore disappointed that meaningful action on air quality at the national level is very lacking in the strategy. The lack of national leadership is particularly poignant when it comes to the transport section as the plan does not consider how to reduce emissions from road vehicles and does not

adequately consider the role of the transport system in reducing pollution. Although we are aware that the government has published separate strategies addressing roadside emissions, this seems like a disjointed approach. We would like to see joined-up and targeted action at a national level to both disincentivise vehicle use and support active travel.

This is a strategy which places far too much responsibility on local action without addressing the fact that local authority resources are strained and dwindling. There is too much onus on local authorities to establish and implement Clean Air Zones (CAZs) but no extra resources to enable them to do this, and no recognition that implementing CAZs can be costly, difficult, and politically unpopular. CAZs are not a silver bullet for tackling poor air quality, particularly as air pollution transcends local authority boundaries and so their establishment may simply move the problem rather than addressing the root causes of it.

The strategy also does not pay enough heed to the health inequality aspect of air pollution. As the document itself points out deprived communities are more likely to be exposed to air pollution and have less access to public transport, cycle paths, walking routes, and green space.² Research carried out by Imperial College London showed that there were higher concentrations of particulate matter and nitrogen dioxide in the most deprived 20% neighbourhoods in England.³ Air quality should be recognised more explicitly as an inequalities issue with targeted interventions needed to reduce those inequalities.

While the strategy recognises that the young and the old are at greater risk of the health impacts of air pollution, there are no clear recommendations aimed at tackling this. Children living in highly polluted areas are four times more likely to have reduced lung function in adulthood, and for older people, living near a busy road speeds up the rate of lung function decline.⁴ Strategic action to reduce childhood exposure to air pollution is particularly important to avoid respiratory problems and other health problems in later life; yet there is nothing in the strategy to give local authorities greater powers to tackle air pollution around, for example, nurseries and schools.

In the round, this is a strategy that is more focused on mitigating the impacts of air pollution rather than addressing the root causes of it or tackling the inequalities associated with it. We need clear, decisive action and strong national leadership from government to truly address this challenge rather than trying to skirt around it.

**1. What do you think about the actions put forward in the understanding the problem chapter?
Please provide evidence in support of your answer if possible.**

1.1. We are pleased that the government is investing £10m in improving modelling, data and analytical tools and creating a portal for information on air quality monitoring and modelling. However, the 'understanding the problem' chapter is very descriptive and extremely thin on new actions to better understand the issue.

1.2. While the 'understanding the problem' chapter is thin, we are pleased that in the 'health' chapter it is stated that the government is reviewing evidence for practical recommendations to reduce harm from air pollution. We would be extremely pleased if the final strategy contained the findings of this

evidence review to provide more of a steer for local DsPH when assessing the effectiveness of interventions.

1.3. We are also pleased to see that National Institute for Health Research (NIHR) has committed to further research into the health impacts of air pollution and effective interventions for tackling it. We encourage NIHR to work in partnership with local authorities to establish what is already working, test innovative approaches, and perhaps engage with local authorities to evaluate existing local programmes.

1.4. More action is needed to fully understand the impact of air pollution on the public's health and to understand which interventions are likely to be most effective for tackling air pollution. In particular, more evidence is needed to identify high impact interventions which are likely to have the greatest co-benefits for both air quality and health. The research agenda needs to focus on how changes to the built environment can support uptake of active travel and public transport, and the policies needed to achieve this.

2. What do you think of the package of actions put forward in the health chapter? Please provide evidence in support of your answer if possible

2.1. ADPH welcomes the range of actions laid out in the health chapter, including the development of a personal air quality system to inform the public about the air quality forecast. However, we would like to stress the need to establish robust evidence that a personal air quality messaging system will deliver positive outcomes. The use of pilot programmes to assess effectiveness before endorsing a full roll out would be advisable and we would like clarity on how the system will be financed.

2.2. We are very pleased to see mention of working to embed air quality knowledge into the training of health professionals. The NHS has a clear role to play in tackling air pollution, both through communicating with patients and through adjusting its own activities i.e. greening its fleet. A 'Making Every Contact Count' approach is sensible for ensuring that the public, and especially the vulnerable, understand the risks of air pollution and how they can reduce their exposure.

2.3. We are pleased that the government has committed to working with local authorities and DsPH to enable them to 'lead and inform local decision making' around air quality. There is a huge opportunity for DsPH and elected members to work together on this issue, and for DsPH to work with other local authority partners such as planning and housing teams, and schools. The strategy could make more of this and include more consideration of how government can support partnership work at the local level.

2.4. We would like to see explicit mention of the use of Health Impact Assessments (HIAs) for improving air quality. HIAs can be extremely useful for embedding the consideration of health consequences of all decisions into public policy making. HIAs may be particularly useful in the context of public health and planning working together to create environments that are conducive for encouraging active travel, reducing road congestion and ensuring easy access to local transport networks.

2.5. To have a sustained impact on the health of the public, the strategy needs to more effectively link with other related national strategies such as the Childhood Obesity Plan and the Cycling and Walking Strategy. There is a lack of recognition in the 'health' chapter of the benefits of cohesively addressing the related issues of low physical activity levels, increased obesity and private vehicle usage. Obesity is a key preventable cause of death and disease in the UK and is associated with reduced quality of life. NHS costs attributable to overweight and obesity was estimated at £6.1 billion in 2014 to 2015, with the overall cost of obesity to society estimated at £27 billion.⁵

2.6. More of a focus is needed on interventions which have co-benefits to health. The most promising interventions for reducing air pollution also have the scope to contribute to other determinants of health; for example, interventions to enable active travel and planning for health environments.

2.7. The strategy does not address the health inequalities associated with exposure to air pollution. Although the strategy recognises that deprived communities are more likely to experience adverse effects from air quality, it simply states this without committing to any targeted national action to reduce this inequality.

2.8. We are disappointed that the strategy does not explicitly recognise that there is no safe level of exposure to particulate matter (PM). However, we welcome the new target to halve the population living in areas with concentrations of fine PM above World Health Organisation (WHO) guideline levels by 2025. We urge the government to act without delay and aim to bring down exposure to PM in advance of this timescale.

3. How can we improve the way we communicate with the public about poor air quality and what people can do?

3.1. Communicating the impacts of air pollution to the population and alerting those considered more vulnerable to poor air quality is extremely important. Innovative approaches are needed to make this messaging effective and useful.

3.2. There is a need for consistent messaging on the issue of air quality to ensure that the public understand the risks and how they can act to decrease their exposure. However, communication needs to be handled carefully to avoid scaremongering, and to ensure people do not avoid exercise outdoors when it is not necessary to do so. Research has found that for most people the benefits of physical activity outweigh the harms of poor air quality, even in highly polluted areas.⁶ This needs to be more effectively conveyed to the population.

3.3. It is also important to communicate with people about the scale of the air pollution challenge so that they act to reduce the air pollution they create. National messaging encouraging active travel instead of personal vehicle use for short journeys would have the double benefits of both reducing emissions while increasing people's physical activity levels.

4. What do you think of the package of actions put forward in the transport chapter? Please provide evidence in support of your answer if possible.

4.1. We are pleased that the transport section of the strategy recognises the potential of active travel for reducing congestion and emissions from road transport as well as delivering health benefits through increased physical activity. However, we are disappointed that there are no new recommendations or commitments around active travel detailed in the strategy. This is also true of the 'public transport' section: the strategy outlines action that is already being taken, rather than making any new recommendations. This is not sufficiently ambitious.

4.2. However, the major missing link in the strategy is the fact that it entirely neglects to discuss emissions from road traffic, which is unacceptable. The strategy needs to include some consideration and actions to address transport emissions. Addressing this in a separate strategy represents a lack of joined up approach.

4.3. ADPH welcomed the publication of the UK Plan for Tackling Roadside Nitrogen Dioxide Concentrations last year and the recent publication of the strategy Road to Zero. However, the publication of three separate plans represents a very disjointed approach. Furthermore, the ADPH view on the UK Plan for Tackling Roadside Nitrogen Dioxide is that it is not sufficiently ambitious to meet the challenge that road traffic pollution represents. Most of the measures contained within the plan are designed to increase existing mitigation activity rather than constitute new actions.

4.4. As the strategy itself states, the main source of nitrogen dioxide pollution (NO₂) is road transport. The proportion of cars fuelled by diesel in Great Britain has almost doubled over the past decade from 20% in 2005 to 37.8% in 2015.⁷ The European Environment Agency has found that the UK had 11,940 premature deaths in 2013 from NO₂. This is the second worst figure in Europe.⁸

4.5. There is a clear need to both reduce the number of vehicles on the road and to move towards greater use of lower emission vehicles. The strategy should address issues such as improving public transport networks (for example, through investment in new bus routes), new action to encourage active travel, integrating infrastructure for electric vehicles, and implementing national levers to disincentivise private car usage.

4.6. The government should also look at the use of fiscal levers to bring down car usage. For example, Vehicle Excise Duty (VED) should be adjusted to reflect the impact of diesel vehicles on levels of nitrogen dioxide in the atmosphere.

4.7. A diesel scrappage scheme could be another way of moving towards cleaner vehicles. The Mayor of London, Sadiq Khan, has recently published proposals for a national scrappage scheme and a model for cities to tackle air pollution from diesel.⁹ The Government should commit to a cost-benefit analysis of a national diesel scrappage scheme in England.

4.8. Better infrastructure is necessary to make cleaner vehicles and active travel the easier choices. The Government should require housing developments to install infrastructure fit for cleaner vehicles, to make the switch easier for the population.

4.9. The Government could act to green its own fleet to reduce emissions. It should support commercial fleet operators to switch to more environmentally friendly fuels and technologies and lead the way by switching to lower polluting vehicles for the NHS and other Government fleet vehicles.

4.10. We are pleased to see reference to port cities and maritime pollution in the strategy. However, national action is needed to address air pollution from maritime activity. There is competition among port cities to attract shipping and berths, and imposing restrictions on these at a local level may impact negatively on the local economy. To ensure a level playing field, national action is needed so the approach is consistent across all ports.

5. What do you think of the package of actions put forward in the leadership chapter? Please provide evidence in support of your answer if possible.

5.1 ADPH is pleased that action is planned to both improve transparency around air quality and reduce bureaucracy by simplifying the system. We are also pleased that the government is committed to sharing best practice and we are happy to be involved in the dissemination of information to local authorities, or help with the development of knowledge sharing.

5.2 We are pleased that local authorities are being given new powers to tackle air pollution, however we feel that it is very important that appropriate levels of resource follow these new responsibilities. Implementing Clean Air Zones can be expensive, difficult, and politically unpopular. Furthermore, it can be argued that implementing Clean Air Zones in an isolated fashion rather than taking regional or national action only moves the problem, rather than solving it. It needs to be recognised that air pollution in one area could have quite easily been generated in another; air pollution does not conform to local authority boundaries.

5.3 ADPH is disappointed that there is no mention of the role of elected members in tackling air pollution. It is extremely important to engage elected members to ensure they are bought into the need to tackle air quality. Political buy in is essential for enabling DsPH to act on air quality locally.

5.4 DsPH have informally reported that some common objections to tackling poor air quality locally include that there is a lack of funding, that tackling air quality is at odds with boosting the locally economy, that there is insufficient evidence for effectiveness of interventions and that there is a lack of public support. Support is needed to engage with elected members on these points.

5.5 The strategy does consider the role of housing and planning in reducing air pollution. For example, ADPH recommends that all new developments should be required to ensure adequate secure cycle storage is available for each new home built. Increasing cycling levels both reduces road traffic and has the co-benefit of improving the health of the public.

5.6 ADPH is concerned that the difference between unitary and two-tier areas is not clearly defined and acknowledged within the strategy. Unitary authorities are responsible for providing a range of public services including housing, environmental health, and roads, highways and transportation. Whereas, for two-tier structures, the responsibility is split, with services provided at both county and

district level. County councils provide the majority of public services in the area including highways and transport. Responsibility for housing and environmental health however, falls to district councils. The strategy should consider where the responsibility for services lies and ensure that the policy is right for local authorities across the whole country.

6. Do you feel that the England-wide legislative package set out in 9.2.2 is appropriate? Why/why not?

6.1. ADPH is pleased that the government plans to bring forward air quality legislation at the earliest possible opportunity. It is positive that the new legislation will create a statutory framework for Clean Air Zones. However, this should not be too prescriptive; areas should be free to decide some measures based on local need, giving them the freedom to innovate, drive change, and share learning.

6.2. We are pleased that the government will legislate to ensure that major sources of air pollution are subject to proportionate controls that reflect the risk they pose to public health and the environment. We would like to see the new legislative package include action to tackle emissions from road vehicles.

7. Are there gaps in the powers available to local government for tackling local air problems? If so, what are they?

7.1. The Royal College of Physicians has called for local authorities to have the powers to close or divert roads to reduce the volume of traffic when air pollution levels are high, especially near schools. This could represent one way to provide local authorities with powers to protect young people from pollution; however, it must be recognised that activities such as these are tertiary prevention, and do not address the root cause of the issue.¹⁰

8. What do you think of the package of actions in the strategy as a whole?

8.1. Our view on the strategy is explained comprehensively in the introduction section of this document. To sum up, while we are pleased that the government is acting on air pollution from a wide range of sources, we think that this strategy is severely lacking. For the strategy to be robust and comprehensive it must be more focused on transport emissions and there is a clear need for stronger national leadership on these issues. As stated in the introduction, this is a strategy that is more focused on mitigating the impacts of air pollution rather than addressing the root causes of it.

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¹ Environment, Food and Rural Affairs, Environmental Audit, Health and Social Care and Transport Committees, [Improving Air Quality \(2018\)](#)

² Environment, Food and Rural Affairs, Environmental Audit, Health and Social Care and Transport Committees, [Improving Air Quality \(2018\)](#)

³ Fecht, D. et al. 'Associations between air pollution and socioeconomic characteristics, ethnicity and age profile of neighbourhoods in England and the Netherland', *Environmental Pollution*, Vol. 198, 201-210, 2014

⁴ The Royal College of Physicians, [Every breath we take](#) (2017)

⁵ Public Health England, [Health matters: obesity and the food environment \(2017\)](#)

⁶ Tainio et al, 'Can air pollution negate the health benefits of cycling and walking?', *Preventative Medicine*, Vol 87 (2016) pp. 233 -236

⁷ House of Commons Library, [Parliamentary debate 19/04/17: A diesel vehicle scrappage scheme](#) (2017)

⁸ European Environment Agency, 'Premature deaths attributable to air pollution in 2013' [<https://www.eea.europa.eu/highlights/stronger-measures-needed/table-10-1-premature-deaths>] accessed 28th June 2018

⁹ House of Commons Library, [Parliamentary debate 19/04/17: A diesel vehicle scrappage scheme](#) (2017)

¹⁰ The Royal College of Physicians, [Every breath we take](#) (2017)